



STATE OF IOWA  
MASTER AGREEMENT

MA# 005 CT2566MV-2  
EFFECTIVE BEGIN DATE: 11-01-2003  
EXPIRATION DATE: 10-31-2004  
PAGE: 1 of 3

BUYER : JEANETTE CHUPP  
Jeanette.Chupp@iowa.gov  
515-281-6288

PAYMENT TERMS (%): DAYS:

**VENDOR:**

Buffalo Supply Inc  
1650a Coal Creek Dr  
  
Lafayette, CO 80026  
USA

**VENDOR CONTACT:**

JASON GOCKE  
PHONE: 303-666-6333 EXT:  
EMAIL:  
VENDOR #: 73114820600

---

**DESCRIPTION OF ITEMS CONTRACTED**

---

**BEDS, HOSPITAL: STRYKER MEDICAL**

Note: Woodward And Veterans Home Use Federal Funds. Contract To Provide Stryker Medical Hospital Beds And Furniture Pursuant To The Specifications, Terms And Conditions Of The Gsa, Special Use Furniture Schedule, Fsg Group 71 Part Iii, Contract Number Gs-27f-0018n, Modification PO-07 (Cumulative), Revised November 26, 2003, On File With The Department Of Administrative Services, General Services Enterprise, Hoover Building, Level A, Des Moines, Iowa, 50319-0105. Gsa Pricing: Per The Federal Supply Schedule (Fss) Price List Gsa Contract Period: March 13, 2003 Thru March 12, 2008 Installation By Manufacturer'S Representative Included In Fss Price: - Standard Set-Up Of Equipment In The Government Facility - Equipment Testing To Ensure Equipment Is Functioning Properly - Staff Training On Responsible Equipment Use Warranty: Equipment Is Guaranteed Free Of Defects In Workmanship For 2-Years From Date Of Delivery. Necessary Documentation For Maintenance, Repair & Returns Include: - Return Authorization Form Number (Issued By Cal Jackson) - Original Invoice Number - Name And Address Of Returning Organization/Facility - Reason For Product Return Returned Merchandise: - Shall Be Assessed A 15% Handling And Restocking Fee - Must Be Returned "Within 90-Days" After Original Invoice Date - Must Be Packed Adequately To Assure No Damage During Shipment - Must Be In Salable Condition - Must Not Be Discontinued, Special-Order Or Modified Products Maximum Order Invoiced Amount: \$500,000

**RENEWAL PERIODS REMAINING**

1 Years  
1 Years

**THRESHOLDS**

MINIMUM ORDER AMOUNT:  
MAXIMUM ORDER AMOUNT:  
NOT TO EXCEED AMOUNT:

**AUTHORIZED DEPARTMENT**

ALL

**TOTAL \$0.00**

VENDOR:

\_\_\_\_\_

APPROVED BY:

\_\_\_\_\_

THIS MA IS SUBJECT TO THE TERMS AND  
CONDITIONS ATTACHED HERETO.  
PLEASE SEE ATTACHMENTS FOR  
FURTHER DESCRIPTIONS.



STATE OF IOWA  
MASTER AGREEMENT

MA# 005 CT2566MV-2  
EFFECTIVE BEGIN DATE: 11-01-2003  
EXPIRATION DATE: 10-31-2004  
PAGE: 2 of 3

LINE NO.	QUANTITY / SERVICE DATES	UNIT	COMMODITY / DESCRIPTION	UNIT COST
1	0.00000		41003	\$0.000000
			Side Rails, Bed	
2	0.00000		42032	\$0.000000
			Hospital Furniture, Not Specialized, Metal, Beds, Bedspring	
3	0.00000		41000	\$0.000000
			Furniture, Hospital, Specialized	
4	0.00000		42068MI	\$0.000000
			Mattresses, Innerspring	



**STATE OF IOWA  
MASTER AGREEMENT**

**MA# 005 CT2566MV-2**

**EFFECTIVE BEGIN DATE: 11-01-2003**  
**EXPIRATION DATE: 10-31-2004**  
**PAGE: 3 of 3**

**TERMS AND CONDITIONS**

**906**

1/2 PCT 20 N30